MARYLAND STATE DEPARTMENT OF HEALTH—BALLIMORE, 16 01793

1. PLACE OF DEATH:			2. USUAL RESI	DENCE (HOME) OF DE	ECEASED:		9
Montgomon						Manka	
COUNTY Montgomery	MARYLA			aryland		ryMontg	
CITY (If outside corporate limits, write or and give nearest town) TOWN Bethesda	2 week	place)	OR	side corporate limits, wri ethesda	te KURAL an	give neare:	X town
HOSPITAL OR	wood Road		STREET ADDRESS	5511 Glenwood	give location) d Road		1
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Mon	th) (Day)	(Year)	
(Type or Print) Martha	Fredrika		EUTEL	DEATH: L'E		19 5	
s. SEX: emale S. COLOR OR RACE: White 7. SING WIDO (Spec	LE, MARRIED, DWED, DIVORCED, ify): Widowed	8/31/	1877	9. AGE last birthday: 77 yrs.	Months 21		Min.
work done during most of working life, even if retired): Housewife	10b. KIND OF BUSI INDUSTRY:	NESS OR		E (State or foreign cou	intry): I2. C	ITIZEN OF OUNTRY?	SA
13. FATHER'S NAME:			14. MOTHER'S MA			- 0	DII
Carl Re utel			Cornelia	Zolzer			
15 WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY	No.: 17.	INFORMANT & A	DDRESS:		9	
(Yes, no, or unk.) (If Yes, give war or dates of No	None	L.	D. McGr	egor - Same I	tem #2		
	18. MEDICAL CERT	TIFICATIO	N			Interval	Retwee
			al infa through	retion		Onset Ar	nd Dead
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	TO Han	()	through	ous			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	not follo		cemion	ia aice.			
	R FINDINGS OF OPER	RATION				20. AUT	
21. ACCIDENT (Specify) PLA OF INJUICIDE INJUICIDE	CE (Home, farm, facto office bldg., etc.)	ry, street,	(CITY OR TO	WN) (COUN	TY) (S7	TATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	While at Not W Work At W		HOW DID INJU	RY OCCUR?			
22. I hereby certify that I attended t	he deceased from	2-19	19.5.J. to	2-22 19.5.5.	that I last s	aw the de	cease
alive on 2-22, 1955, and SIGNATURE Decla E. Mahle			30 L. M.; fre	om the causes and or DDRESS Close Rel	n the date s		7e
23. BURIAL, CREMATION, DATE THER REMOVAL (Specify)	EOF NAME OF		Y OR CREMATOR	Y LOCATION (City	, town, or cou	/-	tate)
Burial 2/25/19	55 Parkla		4 FUNERAL DIE	Montgome	ery Ma	aryland	1
REGISTRAR,	D DIGNATURE	4	LA LAWART THE	Por la	-	nesda,	

Feduals white widowed statem william

None L D. McGregor - same item #2

Carl Halatel

BUREAU V. S.

FEB 28 1955

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M /		

VS. A15-10-53

v	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01794
-	CERTIFICATE OF DEATH Reg. Di	st. No. 276
	[tem 8,9,FlmG178 3-16-55 et	
legibly	1. PLACE OF DEATH:	ED
legib		negomen
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	ano gue nearest town)
ar	X TOWN Det Reda / Town Coule 2	X
niormation clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS (11 run) give location and STREET ADDRESS (10 Old Jungelmon Rd	
ath	3. NAME OF DECEASED: (Type or Print) & Leur Querria Richard DEATH: TCC	(Day) (Year) 27 19 55
of	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 874 9. AGE last birthday IF UNDER MONths Specify WIDOWED. WIDOWED. WIDOWED. WIDOWED. WORLD WORLD	Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). OR INDUSTRY: OR INDUSTRY:	COUNTRY OF WHAT
pply	13. FATHOR'S NAME:	
K. Su write	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	with Od
se wr	(Yes pt. of unk.) (If Yes, give war or dates) MW Rozenth Ball	inione, md
plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
n n	1/20.1	ONSET AND DEATH
UNFAL sicians:	IMMEDIATE CAUSE (A) Myocardial Sufarction DUE TO DUE TO	3 days
Sic	DISEASES OR CONDITIONS, IF ANY, (B) Coronary Thrembons	3 Days
Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
£ \	(260X) (c) alleroschrour Coronary	241000
LY, ortan	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Disease OR CONDITION CAUSING DEATH.	2 rugs
imp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
B		YES NO
RITE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or contributing Cause of Death of Injury street, office bldg., etc. Injury occur? (Could be contributed on the contribution of Countribution)	inty) (State)
× 101	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	- Watto
-	22. I hereby certify that I attended the deceased from 2/26, to 2/17, 1955, that I la	st saw the deceased
50	alive on 2/26, and that death occurred a M, from the causes and on the date	
TYPE rect a		ATE SIGNED / /
	William trank, M.D. M.D. 1014 VIERS MILL Rd. KOOKVIL	
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, REMOVAL (SPECIFY)	
<u>6</u>	Burial 3/2/1955 Forest Oak Gaithersburg	Maryland
<u> </u>	REGISTRAR 3 3 5 Bessie, M. Shombson Robert A. Sumphrey E	Bethesda, Md.

DECENTED

S961 & 8VI

BUREAU V. S.

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	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18)	1795
	1824 CERTIFICATI	E OF DEATH Reg. Dist.	No. 214
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
	COUNTY MONTS OMERY CITY (If cutside corporate limits, write RURAL LENGTH OF STAY (in this place) 50 TOWN Silver Spring	STATE Maryland COUNTY Monts CITY(If outside corporate limits, write RURAL at OR TOWN Silver Spring	OMERY and give nearest town)
	HOSPITAL OR INSTITUTION OR 9513 Saybrook Avenue	STREET (If rural give location) ADDRESS 513 Saybrook Ave.,	1
	DECEASED:		(Year)
	Female Wh Specify Widowed Dec.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Ays Hours Min.
	even if retired) Housewife own home	New Hampshire	USA
	unknown Marshall	14. MOTHER'S MAIDEN NAME:	
1	(Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.		aybrook Av Spring.Md
B	18. MEDICAL CERTIFICAT	I towns to the same of the sam	INTERVAL BETWEEN
	I diseases or conditions directly leading to death 33/X IMMEDIATE CAUSE (A)	chopneumonia	onset and peath
	ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO DUE TO DUE TO	Carbonacular a cudento	0
ı	(C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	el Citeriosclevisio	
9	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
	22. I hereby certify that I attended the deceased from Odden alive on 50 8, 1955, and that death occurred at SIGNATURE	2 a.M. from the causes and on the date s	
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	00 17 1 0	2 bruay 8, 1955
	Trans. & Burial 2/10/55 Evergreen C	emetery Boston, Mas	s.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Sequences Fatter	Warner to Tumphrey, 8434 Geo.	rgia Ave.

HE STANDARD CONTRACTOR OF THE STANDARD CONTRACTO

BUREAU V. S.

TODAY TO THE STATE OF THE STATE

BECEINED

VARIABLE PRETACTIVE DATE OF THE PROPERTY.

4

(Year)

195

U.S.A.

(State)

BUREAU V. S.

EEB S3 1822

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FEGELV FEB 24 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1826

CERTIFICATE OF DEATH

Reg. Dist. No. 398

I. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTO a We a MARYLAND	STATE // COUN	TY Landay
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL ar	d give nearest town)
TOWN (in this place)	TOWN FALLS CLUB !!	1. 03 V 2
MITHEDA 1 160	3 14 (1) (NOW C.	1001-0
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
DOSTREET ADDRESS CLINICAL CENTER MIH	701 W. Driad St.	1/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (DRy	(Year)
DECEASED: (Type or Print) RAULALE	OF OF DEATH: 2 26	19 / 1
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER I YE	AR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify): 4.00 / 2.41	Months Da	ys Houra Min.
N Jaew Su	1 1 1 1 0 0 0	
10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired):	MA D.C.	() (
13. FATHER'S NAME:	1 14. MOTHER'S MAIDEN NAME:	
Carrie Regalt	TANIACCE Plant	
George Dercraft	1 Flyting Caluck	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) service)	. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATI	ION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Intervai Between
1. DISPASSES ON CONDITIONS DIRECTED ERADING TO BEATIN		Onset And Deat
Immediate cause (a) Whastatic	CARCINOMA	
DUE TO		011
Antecedent causes (s)	inoms of occium	13/2 ma
Diseases or conditions, if any, giving rise to the above cause	-100000	
stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
	d Luna	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION WHAS A A LIC CO.	CITY OF TOWN) (COUNTY) (S	Yes No 🗆
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street off office bldg., etc.)		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	Yes No 🗆
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF OF Office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF OF OMNICIDE (Month) (Day) (Year) (Hour) INJURY OCCURED	(CITY OR TOWN) (COUNTY) (S	Yes No TATE)
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE OF Office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	(CITY OR TOWN) (COUNTY) (S	Yes No TATE)
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 13. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 13. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 13. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 13. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 14. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 15. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 15. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 16. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 17. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 18. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 18. ACCIDENT (Specify) PLACE (Hour) office bldg., etc.) 18. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 18. ACCIDENT (Specify) PLACE (Hour) office bldg., etc.) 18. ACCIDENT (Specify) OF (Specify) office bldg., etc.) 18. ACCIDENT (Specify) OF (Specify) office bldg., etc.)	HOW DID INJURY OCCUR? 1954, to 2/26, that I last	Yes No TATE)
21. ACCIDENT SUICIDE HOMICIDE PLACE (Home, farm, factory, street office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last and on the date s	Yes No DTATE) Saw the deceased stated above.
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last in from the causes and on the date s	Yes No D TATE) saw the deceased tated above. TE SIGNED
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED (While at Not While INJURY) 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last and on the date separate and on the date separate and on the date separate and separate and on the date. N. I. H. Belleyler, Md.	Yes No TATE) saw the deceased stated above. TE SIGNED
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED (While at Not While INJURY) 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last and on the date s	Yes No TATE) saw the deceased stated above. TE SIGNED 2/26/5
19a. DATE OF OPERATION: 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last from the causes and on the date s ADDRESS BA RY OR CREMATORY LOCATION (City, town, or cot LOCA	Yes No TATE) saw the deceased stated above. TE SIGNED 2/26/5
19a. DATE OF OPERATION: 21. ACCIDENT SUICIDE OF OPERATION SUICIDE OF OF OPERATION TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last and on the date separate and on the date separate and on the date separate and separate and on the date. N. I. H. Belleyler, Md.	Yes No TATE) saw the deceased stated above. TE SIGNED
19a. DATE OF OPERATION: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) 22. TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY 22. I hereby certify that I attended the deceased from 6.5	HOW DID INJURY OCCUR? 1954, to 2/26, 1951, that I last from the causes and on the date s ADDRESS BA RY OR CREMATORY LOCATION (City, town, or cot LOCA	Yes No TATE) saw the deceased stated above. TE SIGNED

GELVED MA 2 1955 MA 2 1955

1736

01799 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Item 12, FilmG178 3-8-55 et		
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	B. Hen
CITY (If outside corporate dimits, write RUBAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	/e nearest town) 16 - 15 - 2
HOSPITAL OR TINSTITUTION OR STREET ADDRESS OSPINATOR Santarium Hosp.	STREET (If rural, give location)	2pt. 100
3. NAME OF DECEASED (First) (Middle) (Mype or Print) (Asia)	(Last) 4. DATE (Month) OF DEATH 2	(Day) (Year) 24 1955
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9- 7 837 yrs. Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during host of working life, even if retired) 13. FATHERS NAME		COUNTRY?U.S.A.
7 7 0	14. MUTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or turknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Aospital Records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CENTRAL CENTR	RTIFICATION Land	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Urement	Browcho Incemonia.	5 days
260 + Diseases or conditions, if any, (b)	tiz C / Desone	1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ellites	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE HOJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Fol	5, 1955, to Fel 24, 19.55, that I last s	aw the deceased
alive on 1955, and that death occurred at SIGNATURE (Degree or tiple)	6127-16th St, n. W	ated above. DATE SIGNED 2 2 2 4 5 5
23. BERIOL, CREMATION DATE NAME OF CEMETE.	RY OR CREMATORY LOS ARION (City, 1900, or equin	(State)
DATE REC'D BY LOCAL REGISTRAL SIGNATURE	Jeddbry Tunnel forme 4217- 94	MY WW.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01800
CERTIFICATE OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MONTGOMET MARYLAND STATEMARY AND COUNTY MONTGO	
CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL of OR and give peared town) TOWN LTASSA LENGTH OF STAY (in this place) OR TOWN CONTROL OR TOWN	
HOSPITAL OR INSTITUTION OR SUBULDAN STREET ADDRESS SUBULDAN STREET ADDRESS POUT & If rural give location) OUT & Institution or Address Pout & Institution	1
OF Type or Print Lewis William Schwartzbeck DEATH: Feb, 5	(Year) (Year) 1955
Male White (Specify Martited XUN, 17, 1892 63 yrs.	Ays Hours Min.
even if retired Carpenter Construction Maryland	COUNTRY?
Lewis E. Schwartzbeck & Dane Kully	
(Yes, no, or unk.) (If Yes, give war or dates of service) 15. Social Security No. 17/INFORMANT & ADDRESS: MASSEMMENT & POINTE ROCKVILLE,	ma d
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
490 X IMMEDIATE CAUSE (A) acute pericarditis	2-4days
ANTECEDENT CAUSE (S) DUE TO Brin. Caprillering	7-4days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Will Miremia	A days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	0
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. INJURY OCCUR? (County of INJURY OCCUR?)	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while	

OF "INJURY at work at work , 1955, to 2/5, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... and that death occurred at 7:30 PM, from the causes and on the date stated above. alive on SIGNATURE ADDRESS DATE SIGNED 33 M. D 23 BURIAL CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

DATE REC'D BY LOCAL SIGNATURE REGISTRAR

FUNERAL DIRECTOR

ADDRESS

(State)

BUREAU V. A.

11 831

BEENAEU

			No. 216
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Mont	gomery
	COUNTY MONTGOMERY MARYLAND	STATE COUNTY	
	CITY (If outside corporate limits, write RURAL and give nearest town) Now Bethesda LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a or TOWN Bethesda	nd give nearest town
1	HOSPITAL OR INSTITUTION OR STREET ADDRESS4510 Cheltenham Dr.	STREET (If rural give location) ADDRESS 4510 Cheltenham I	or.
		Cott 4. DATE (Month) (I	Ony) (Year) 19 55
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 11-17-	OF BIRTH: 9. AGE last birthday IF UNDER I Y	
Ī	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewife OWN HOME	11. BIRTHPLACE (State or foreign country): 12. Marvland	CITIZEN OF WHAT
-	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
		Katherine Schwartz	
	John Schultheis S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates None	R.M. Scott-Item# 2	
	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1.	ONSET AND DEATH
	IMMEDIATE CAUSE (A)	a of com	14ea)
	ANTECEDENT CAUSE (S)		0
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	sential hypertension	10 years
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Ċ	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
-	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While M. While at work at work	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from	, 195%, to Feb. 6, 1955, that I last	saw the deceased
	alive onF. 4 4, 1955, and that death occurred at	Simp M, from the causes and on the date	
	SIGNATURE SIGNATURE	11 12 0000 11	21 2/6/55
	12) Vozepli Kennos M	D. 6450 W Scorwin Chie, Betheda, bery or CREMATORY LOCATION (City, town, 67 Baltimore, Ma	

VS.

DATE REC'D BY LOCAL REGISTRAR 2 17 55

Baltimore, Maryland
FUNE AL IBECTOR ADDRESS
ADDRESS
Bethesda, Md.

BUREAU V. S.

LEB 8 1822

BECEINED

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01802

Reg. Dist. No. 214

I. PLACE OF DEATH	•		1 2. USUAL RESIDENCE (H	OME) OF DECE	ASED.		
COUNTY MOI	ntgomery	MARYLAND	STATE Maryla	nd	COUNTY	Mont	romerv
CITY (If outside cor OR give nearest t	porate limits, write RUR		CITY (If outside corporate OR Silve)	Spring	JRAL and giv		
HOSPITAL OR	zer Spring		STREET	(If rural, giv	re location)		1
INSTITUTION OR STREET ADDRESS	529 Dale Dr	ive	ADDDECC	ale Drive			
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Harry	Gilbert	Shaw	DEATH	Feb.	4	1955
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	Jan. 10, 1885	70 y	iay If under Months	Days If	ours Min.
done during most of wo	TION (Give kind of work rking life, even if retired) ate Broker	10b. KIND OF BUSINESS OR INDUSTRY	England	foreign country)	12	COUNTRYS	OF WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
(Yes, no, or unknown)	th In U.S. Armed Forces (If yes, give war or dates ervice)	1? 16. SOCIAL SECURITY NO.	Mr. Robert A. Si		Sharon	Dr.	
		18. MEDICAL CE			Spring	-	L BETWEEN
L DISEASES OR COM	IDITIONS DIRECTLY	LEADING TO DEATH			-10	INTERVA	ND DEATH
420.1	IDITIONS DIMINOTES	A	,			0	TID Danga
Immediate	cause (a)	Coronary occ	Curron	00 0 mm + 0 mm = 1 ⁿ ro + 0 m = 0 + 1 + 1 + 1 + 1 + 1	er 	ter	-lalead
Antecedent	anna(a)	1				m 21	122 1
Diseases or co	onditiona, if any, (b)	<i>\</i>		1000000 1 00 a 1000		a.L	
	the above cause derlying cause last					this	my
etasing one un	(c)						
	ANT CONDITIONS ing to the death but not or condition causing deat	th.					
		FINDINGS OF OPERATION				1 20. AUT	OPSY?
						Yes 🗆	No 🗹
21. EXTERNAL CAU PRIMARY OR CON CAUSE OF DEATH.	SE WAS OF INJUSTING	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN)	(COUNTY)		ATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCC	UR?			
22. 'I certify that I to obtained by said	ook charge of the rema Autopsy, Inspection o	tins described above, held an A r Inquiry, find that said dece , suicide [], homicide [],	eased died on the day stated	Inquiry 2 to above, and de	hereon and ath in my	opinion	evidence resulted
	20	(23)	01 -	0			
- Jun	24/ mor	2 hort M1).	Stuthenten	md		2.	7-55
23. BURIAL CREMA REMOVAL (Specific Cremation	DATE THERE	Ft. Lincoln		rince Geo			(State)
DATE REC'D BY LO	OCAL REGISTRAR'S		Wanney to Lump	1	8434 Ga	ADDR	PSS
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		COUNTRY TO JUST	mery	Silver	Sprin	, Md.

BUREAU V. S.

PEGETVEN TELL

Supply every item of information carefully. The

MARGIN RESERVED FOR	I UNFADING INK.
ARGIN	Z, WITH
ž (I	PLEASE TYPE OR WRITE PLAINLY,
9	OR
	TYPE
	LEASE

	1830 CERTIFICATE	OF DEATH	Reg. D	ist. No. 15113
write the causes of death clearly and legibly.	1. PLACE OF DEATH: COUNTY MON GOMEN MARYLAND CITY (If outside corporate limits, write RURAL OR and give neares) town) HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME 3. NAME OF OF OR TOWN OF ORDER OR TOWN OR OR PRINT! 5. SEX; S. COLOR OR TOWN OR OR INDUSTRY: WIDOWAD DIVORCED. (Specify): MATTIED OR INDUSTRY: WIDOWAD OF UNIVERSES OR INDUSTRY: WITH OR INDUSTRY: OWN HOME 13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes. no. or unk.) (If Yes. give war or dates)	2. USUAL RESIDENCE STATE O C. CITY(If outside corporation of the corpo	COUNTY Orate limits, write RURA Orate limits, write RURA (If rural give location A. DATE (Month) OF DEATH: He Months OF OF Oreign country): If NAME: NAME:	L and give nesrest town) 56 On) (Day) (Year) 36 1955
important. Physicians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Mr. Howard of Jones and of the second	chanberger	INTERVAL BETWEEN ONSET AND DEATH 4 days.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
correct age is especially	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 3/1/55 Ft. Lincoln DATE REC'D BY LOCAL PEGISTRAR'S SIGNATURE	21F. HOW DID INJU 21F. HOW DID INJU 2, 1954, to 26 9 35 AM, from the canadors ADDRESS D. 929Page ERY OR CREMATORY	RY OCCUR? A., 1955, that I leauses and on the day LOCATION (Gr., town) Prince George	te stated above. OATE SIGNED 2.6.244, 1955. or county) (State)
	REGISTRAR 313155 Dessie M. Grom Leson	Warner 6. Pur		or Spring. Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1737

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY/Houtgomery MARYLAND	STATE Med COUNTY MOST	somerel
CITY (If outside comporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and wine feetest town) Tork (in this place)	Town Takanea Park	. 17
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS 901 Domer ave.	ADDRESS 90 / Domer au	re.
3. NAME OF (First) DECEASED: (Type or Print) Lelia Adelaide Sh		(Day) (Year) 76 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Midow H-	H-74 9. AGE last birthday Ir UNDER 1 Wonths Wonths	YEAR IF UNDER 24 HRS. Days Hours Min.
WORK done during post of working life. even if retired): work done during post of working life. even if retired): ### HOTHE	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S, NAME:	14. MOTHER'S MAIDEN NAME:	110.
John Howard Lockett	Ansau Suith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	-
(Yes, no, of unk.) (If Yes, give war or dates of service)	Daughten	
18. MEDICAL CERTIFICAT	CION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
157X	The Gardine Falling	7-1
IMMEDIATE CAUSE (A) Cougo	sure Curacuit facture	Wo days
ANTECEDENT CAUSE (S)	+-	18
DISEASES OR CONDITIONS, IF ANY, (B)	ulion	One year.
STATING UNDERLYING CAUSE LAST. DUE TO		1
(c) Reople	ase of aucreas	les years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Cour injury occur?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Mot while at work at work		
22. I hereby certify that I attended the deceased from	, 1976, to 126, 1933, that I las	t saw the deceased
alive on 2/26, 1953, and that death occurred at		
SIGNATURE Mobert attack.	D. Takowa Park Mld.	TE SIGNED /55
		r county) (State)
General Mary 1955 Deorge No	wheelow from reggo Va Pala	to Co mi
DATE REC'D BY LOCAL REGISTRARIS SIGNATURE	EN FURIERAY DIRECTORY	COUNTY (TNU)

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Supply every item of information carefully. The

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BUREAU V. S.

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1	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1738 CERTIFICATE OF DEATH Reg. Dist.	0.182054
0_	ly.	Ttem 2 FilmG177 2-17-55 et	14.7.48.11
1	carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	:
1	are	COUNTY MONT 90MER MARYLAND STATE Md. COUNTY MONT	
M	1	CITY (If outside corporate limits, write RURAL are OR and give nearest town) LENGTH OF STAY (in this place) OR	nd give nearest town)
T)	atio	HOSPITAL OR STREET (If rural give location)	56
	forma	INSTITUTION OR ADDRESS	/
1	information clearly and	90 STREET ADDRESS ORK HAVEN NURSING HOME 10816 Lorain Aven	
1	ath ath	DECEASED: 4	ay) (Year)
		(Type or Print) L, d A V. ShER BERT DEATH: FEB 9 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday 1. UNDER 1 Y	19 0 0
	item of de	RACE: WIDOWED, DIVORCED, (Specify): (Specify): 1995	ys Hours Min.
	every	TION. COOKE COOCH ATTOM CONTROL OF TOO BOOMEDO THE BUTTON LACE TO TOO BUTTON TO THE CONTROL OF THE CONTROL OF TOO BUTTON TO THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CO	CITIZEN OF WHAT
5		even if retired) House Full F	COUNTRY?
Ni C	ply ie c	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	1.S.A.
BINDIN	Supply te the c	JACOP DOWELL FRANCES WARD	
		IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 97 6 40 6	MIN AVE.
FOR	Zo	(Yes, no, or unk.) (If Yes, give war or dates of service) FRANCES NoRFORD SILYER	SPRING INA
	0 0	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
RESERVED	ZZ	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
S.R.	ADI	IMMEDIATE CAUSE (A) by pertenews - listenosclerate heart this	
ES	F4 5	ANTECEDENT CAUSE (\$)	
	UN	DISEASES OR CONDITIONS, IF ANY. (B) Resoltes Mellitus	
Z	TH	STATING UNDERLYING CAUSE LAST.	
ARGIN		(c) pentity	
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	AINLY	DISEASE OR CONDITION CAUSING DEATH	
		THE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1	PL lly	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County	
1)	/RITE PI	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(State)
	15	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While at work at work at work	
	OR e is	a su Thomas or	con the Jesses
60	E 0		saw the deceased
, L.	0	and the state of t	tated above. E SIGNED
10	SE TY	Bernard a Titreenla M.D. 9620 Old Bladewhere ly SS. M.	Rd. 2/9/55
10	01	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City/town, or REMOVAL (SPECIFY)	county) (State)
Ala	EA	BURIAI 2-12-1955 MT. HARMONY OWINGS	Md.
vi	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 300	ADDRESS N. E
>		2-9-55 Frances Votter Jun Lee & Son Co. W	Ash-D.C.

BUREAU V. S.

FEB 14 1952

BECEINED

PLEASE TYPE

VS. A15-10-53

MARYLAND STATE DEPARTMENT 1831 CERTIFICATION 1841				
I tems 8,9, FilmG177 2-18-55 et	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery			
COUNTY MONTESOMETY MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington MARYLAND LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Road	STREET ADDRESS Station Road			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) WILLIAM W. SHERN	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Feb. 10, 1955			
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocer Self Emp.	Virginia (State or foreign country): 12. CITIZEN OF WHAT			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
William Sherman	Mary L. McGuire			
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No.	Mary M. Sherman-Item# 2			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	INTERVAL BETWEEN ONSET AND DEATH D			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work				
alive on 2/9/55, 19, and that death occurred at	M, from the causes and on the date stated above. DATE SIGNED 2-10-55			
	FOREST GLEN (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	TA TUNERAL DIRECTOR ADDRESS			
2/12/55 / Jessie m Herre tears	VIBLE C. Cress Market Rothords Md			

BUREAU V. S.

FEB 15 1955

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.21

MEDICAL MARMINER S CER.	IIIICATE OF DEATH	No. &
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Donty MARYLAND	STATE Med COUNTY Minu	9
CITY (If outside corporate limits write RURAL OR and give nearest town). (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cairo St.	STREET (If rufal, give location) ADDRESS (Downstown)	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Wally Ferman	(Lagt) 4. DATE (Month) (Day OF DEATH Jeh 2:	
	9. AGE last birthday: IF UNDER 1 Y Months De	EAR IF UNDER 24 HRS. Rys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): [INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Shirley	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (14 Yes, give war or dates of serve) serve)	Wellington Shirley - Suite	1.3 md
18. MEDICA L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	L CERTIFICATION	INTERVAL BETWEEN
2001		ONSET AND DEATH
Immediate cause (a) Caule Cause	A Set har full the solar transless	J. BANTAY.
Antecedent cause(s)	tulvan	- I
Diseases or conditions, if any, giving rise to the above cause but TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\subseteq \text{No } \(\subseteq \):
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes , Accid	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF SEMETER	M. D. ASSISTANT MEDICAL EXAM. Y/OR CREMATORY LOCATION (City, town, or so	2-23 55 (State)
Buriel (Specify): 26.55 Toplar	how, maryland	Poplar Dro
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	EN EUNERAL DIRECTOR	ADDRESS /

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correage is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

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BUREAU V. S.

is especially important. Physicians: please write the causes of death clearly and legibly

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VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18/12/18/18

1832 CEI	RTIFICATI	E OF DEA	TH	Reg. Dist.	No. 2/	7
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED	0;	
COUNTY Montgomery	MARYLAND	STATE Mary	land court	Mont	gomery	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN Olney		CITY(If outside	corporate limits, write		nd give near	est town
HOSPITAL OR The Montgomery Con 73 STREET ADDRESS Hospital, Inc.		STREET	(If rural gi 401 Park Roa			1
3. NAME OF (First) (Mi DECEASED: (Type or Print) Timothy Lee	Ray Si	(Last) rk	4. DATE (Mo			ear) 55
5. SEX: 6. COLOR OR 7. SINGLE, MARK RACE: WIDOWED, DI White (Specify):Single	VORCED.	of BIRTH:	9. AGE last birthday yrs.	Months D	ays Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):		MARV L	(State or foreign cour		COUNTRY?	F WHA
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:			
Leonard R. Sirk		Bertha El	izabeth Sirk			
(Yes, no, or unk.) (If Yes, give war or dates of service)	DCIAL SECURITY NO.	Hospital R				
18. MI	EDICAL CERTIFICAT	TION			INTERVAL I	BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADI	0	Harlows	Foctalis		"2 da	DEATH
STATING UNDERLYING CAUSE LAST.	Kh si	runya	tility			0
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION: 19B. MAJOR FINDI	NGS OF OPERATIO	N	481145		20. AUT	OPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fac RY street, office bldg.,	tory. 21c. WHERE etc. INJURY OCCL	DID (City or town)	(Count	(S	itate)
	INJURY OCCURRED		INJURY OCCUR?			

+ch. (6, 195), that I last saw the deceased 22. I hereby certify that I attended the deceased from the. alive on the

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AND THE STREET STREET OF THE PARTY OF THE STREET OF THE STREET STREET, THE STREET STREET, STRE

The Control Court September of the send of the Control Court of the Control of th



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BUREAU V. S.

A CONTRACTOR OF THE PARTY AND ADDRESS OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1000	CERTIFICATE	OF	DEATH

Reg. Dist. No. 2 / 7

1835					
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard				
COUNTY Montgomery MARYLAND					
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		give nearest town)			
OR and give nearest town) (in this place) TOWN Olney 25 mins	TOWN Woodbine (Rural) /	3x-2			
HOSPITAL OR Montgomery County	STREET (If rural give location)	7			
3 STREET ADDRESS General Hospital, Inc	Rt.2	V			
3. NAME OF (First) (Middle) DECEASED: / Deben Door)	(Last) 4. DATE (Month) (Day	(
(Type or Print) (Baby Boy)	DEATH: FEUTUALY				
RACE: WIDOWED, DIVORCED,	55 9. AGE last birthday 15 UNDER 1 YEAR Months Days				
Male Colored (Specify) Single 2/9/	11. BIRTHPLACE (State or foreign country): 12. Cl				
work done during most of working life. OR INDUSTRY:	CO	OUNTRY?			
even if retired) Premature baby	Maryland US	5A			
IS. FAIRER S NAME;					
00 00 00 = 00	Thelma Eloise Smith				
(Yes, no, or unk.) (If Yes, give war or dates	Mother				
of service)					
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN			
77/ V		NSEI AND DEATH			
IMMEDIATE CAUSE (A) Prematu	rity - 22 weeks	25 mins			
ANTECEDENT CAUSE (S'					
DISEASES OR CONDITIONS, IF ANY. (B)					
STATING UNDERLYING CAUSE LAST.					
(c)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?			
		YES NO			
21a. ACCIDENT WAS UNDERLYING DEATH OF INJURY STREET, Office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)			
TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?				
21A. ACCIDENT WAS UNDERLYING COUNTY Street, office bldg., etc. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR? 21b. Time (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While Not while at work at work					
2. I hereby certify that I attended the deceased from 2/9/55., 19, to 2/9/55, 19, that I last saw the deceased					
22. I hereby certify that I attended the deceased from 19/50., 19, to 2/9/50. 19, that I last saw the deceased alive on 2/9/55, 19, and that death occurred at 452 M, from the causes and on the date stated above. ADDRESS DATE SIGNED ADDRESS ON CREMATORY LOCATION (City, town, or county) (S					
				HIR)	M. D. Sandy Spring Md 9/0
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	M. D. SARRAY TECATION (City, town, or	ounty) (State)			
Burial Feb. 14,1955 Simpson	n Chapel Poplar Springs	, Md.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS			
REGISTRAR COLLEGE AND COLLEGE	CITI L. MOLESWOLDI, Dallasc	us, Mu.			

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Supply every item of information carefully. The

VS. A15 — 10 - 53

BUREAU V.

LEB 16 1955

A15.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1809

1833 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	STATE Virginia COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
X TOWN Bethesda Rural 17hrs 43 min	or Town Fredericksburg	83 x - 3
HOSPITAL OR	STREET (If rural give location)	/
5/ STREET ADDRESS U. S. Naval Hospital	914 Mercer Street	
		Day) (Year)
DECEASED: (Type or Print) Baby Boy S	SMITH DEATH: February	23 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
Male White (Specify): Single 23 Fe	eb 1955 yrs. Months I	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, even if retired): None None	Quantico, Virginia	US US
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	05
GOTGON R. SMITH	Namcy V. WILKERSON	
(Yes no, or unk.) (If Yes, give war or dates of service) of service)	'Tarther Mr. a GBP 656 R. SMITH	
NO of service)	Same as above	
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· post	ONSET AND DEATH
770.0 Existing	Estasio fotalio	17/1/2
IMMEDIATE CAUSE (A) DUE TO		- / / / / / / /
ANTECEDENT CAUSE (S:	6	
DISEASES OR CONDITIONS, IF ANY. (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if Either, NOTIFY MEDICAL EXAMINER)		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY M. While Not while at work at work		
22. I hereby certify that I attended the deceased from 23 Fe	b , 19 55 to 23 Feb , 19 55 that I las	t saw the deceased
	1048PM, from the causes and on the date	
1,000	bbtal, NNMC, Bethesda, Maryland	
	ERY OR CREMATORY LOCATION (City, town, o	
Burial Transit 2=23=55	Fredericksburg	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wheeler Thompson Funeral Hom	ADDRESS

Fredericksburg, Virginia

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. F	1836 CERTIFICATE OF DEATH Reg. Dist.	No. 214
carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DECEASED	
carefull legibly.	COUNTY MONTGON ERY MARYLAND STATE COUNTY	
ion ca	CITY (If outside corporate limits, write RURAL are COR and give nearest town) LENGTH OF STAY (in this place) CITY(If outside corporate limits, write RURAL are COR TOWN WASHINGTON DECEMBED.)	di give nearest town) 47x-3
m of information death clearly and	9 HOSPITAL OR MRS. GREEN'S NORSING HOME STREET (If rural give location) STREET ADDRESS 14326 COLESVILLE RD.	P.N. W.
of in		(Year) (1955
ite	E CEV IC COLOR OF IT CHICLE MARRIED I D DATE OF DISTRICT	AR IF UNDER 24 HRS.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. (Constant of the country) 13. (Constant of the country) 14. (Constant of the country) 15. (Constant of the country) 16. (Constant of the country) 17. (Constant of the country) 18. (Constant of t	OUNTRY?
ply	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Supply ite the c	HAMILTON P. FRANKS LOUISA ADELAIDE ME	KINNON
NG INK. Supply every please write the causes	(Yes, no, or unk.) (If Yes, give war or dates of service) NO 15. Social Security No. NO 17. INFORMANT & ADDRESS: MRS Pauline Milkan (Daugh Columbia RD. NO	TER)
WITH UNFADING nt. Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH H20.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 18, MEDICAL CERTIFICATION (A) AUTUC CAUGELIA RELIGION (B) ATERNACIONAL RELIGIONE (C) A	2+475.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Litys,
AINLY, W.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	/
AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
. 7		YES NO
ent.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of INJURY OCCUR?)) (State)
> m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
E OR	22. I hereby certify that I attended the deceased from Dec., 1952 to Feb. 6, 1955, that I last	saw the deceased
TYP	Total chentrely M.D. 1841 Cel Med flw 2	tated above.
PLEASE	REMOVAL (SPECIFY) Removal 2-7-55 La Grangeville LA GRANGEVILL	= N.V.
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 5.5 124, FUNERAL DIRECTOR REGISTRAR 124, FUNERAL DIRECTOR REGISTRAR 124, FUNERAL DIRECTOR 126, FUNERAL DIRECTOR 126, FUNERAL DIRECTOR 126, FUNERAL DIRECTOR 127, FUNERAL DIRECTOR 128, FUNERAL DIRECTOR 129, FUNERAL	ADDRESS N.W
		2.6.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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837 AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 M

01813 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2
AVELAND I CIRIL	MALEAUANA CAMER NO				410

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MaryLand	STATE MO COUNTY Monty
CITY (If outside corporate limits, write RURAL OR and give nearest fown) TOWN LENGTH OF STA (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Selva Spanner
HOSPITAL OR INSTITUTION OR 12822 Execustor Da.	STREET (If rotal, give location) ADDRESS 12822 Everyton 27
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (April 1980)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 1955
Female RACE: WIDOWED DIVORCED, Septiment Septi	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 25 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWISE OWN HOME	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Arlington, Mass. U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Howard Stout	Josephine Trainer
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
No service)	Lynn W. Tenny, 12,822 Evanston Drive, S.S., Md.
18. MEDI	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
1 976x	unfine good
Immédiaté cause (a) DUE TO	De de ma
Antecedent cause(s)	won de
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	The letter
stating underlying cause last	floor
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
9	Yes 🗆 No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street office bldg., et CAUSE OF DEATH.	ry, 21c. (City or town) (County) (State)
CAUSE OF BEATH. INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
OF While at Not wile INJURY 2 - 1 - 5 - 2 M. work at work	230 10 - 12 20 1 65
22. I hereby certify that I took charge of the remains described	ribed above, held in Autopsy [], Inspection [], Inquiry [], and
	ident [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED
Troud & Broschut	M. D. ASSISTANT MEDICAL EXAM.
REMOVAL (Specify)	t Cemetery LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE)	24. FUNERAL DIRECTOR . ADDRESS
REG 2/55 Frances Hotter	Warner & Lumphrey 8434 Georgia Ave.
	distinct obtains, and

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2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary and COUNTY Prince CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) DATE (Month) (Day) (Year) 19 55 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS Months | Days Hours 11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (County) (State) . 195, that I last saw the deceased 19 Jand that death occurred at 7.58 M, from the causes and on the date stated above. DATE SIGNED (City, town for county (State)

on school of the Historian Committee to the State of the BUNEAU V. S.

PLEASE TYPE

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VS. A15

		STATE	DEPARTMENT	OF	HEALTH—BA	LTIMORE,	18 ()1	8156
60	1838	CEF	RTIFICATE	OF	DEATH	Reg.	Dist. No	1276
				2 116	IIAL BEGIDENCE (HOME) OF DECI	EASED.	

WI. 14 60 1000 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Mondameny MARYLAND	STATE Md. COUNTY Morndomery
CITY (If oviside corporate limits, write RUBAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIII outside corporate limits, write RURAL and give nearest town)
X TOWN Bethinda	TOWN Silver Appeng 36
HOSPITAL OR	STREET (If rural give location) April 10 1.
4 STREET ADDRESS Inburban.	I I'm Blue Ridge are
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) 5. SEX: 6. COLOR OR 7. SUNGLE. MARRIED. 8. DATE	OF BIRTH: 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WYDOWED, DIVORCED, (Specify): 2	Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of NOB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired):	ma. V-S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mar Siven	Belly Lou Mongaon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
(V). of service)	Momes same.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH
760,5	tweety -1 and a total 35/2 23
IMMEDIATE CAUSE (A) DUE TO	Marry Omo. genara 20 mon Mis
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ventrialar (drain) lung
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. 20101317
	AES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Til	1., 19.55, to JUL-12. 19.53, that I last saw the deceased
alive on July 11 , 1955, and that death occurred at	
BEMOVAL (SEEDLEV)	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Cremation Date RECS BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	MUNERAL DIESTOR ADDRESS
2025 25 1240 Place M. Shampson	11(New M. Jampkry Bethesda, Md.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 212
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND STATE NY- COUNTY	
CITY (If outside corporate limits, write RURAL of STAY (If outside corporate limits write RURAL and one nearest town) CITY (If outside corporate limits write RURAL and OR TOWN Air Force Bas	
HOSPITAL OR INSTITUTION OR STREET ADDRESS OGCION NY.	/
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day DECEASED: (Type or Print) William S Todd. DEATH FLETUSTY 8	(Year) 1955
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: 9. AGE last birthday: Wonths Ds	
10a. USUAL OCCUPATION (Give kind of work life, even if retired): PIOT COPT, U.S.A.F. 11b. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: Unknown 14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:- 4. Superior M. Superior M.	S.AF
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: The condition of t	INTERVAL BETWEEN ONSET AND DRATH
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{V} \)
PRIMARY For CONTRIBUTING OF street, office bldg. etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bldg. etc., injury) OF street, office bldg. etc., injury OF street, office bldg. etc., injury OF street, office bldg. etc., injury	(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY Feb. 8 1955 12:181 While nt work 12 at work 12 Plane Rewes flying exploded.	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection indicated that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined B. Ball , Suicide , Homicide , Undetermined B. Ball , Suicide , Homicide , Undetermined B. Ball , Accident , Suicide , Homicide , Undetermined Beputy MEDICAL EXAMINER , ASSISTANT MEDICAL EXAMINER , ASSISTANT MEDICAL EXAM.	
28 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co	unty) (State)
DATE REC'D BY LOCAL REGISTRATE SIGNATURE 4. FUNERAL DIRECTOR	ADDRESS
Feb 25, 1955 Charles W Elgin Jenalle Funeral Home 816.	ACH DI

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MARYLAND	STATE	DEPARTMEN	T OF	HEALTH-	-BALTI	MORE,	18
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MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	stateMaryland county Montgom	nery
CITY (If outside corporate limits, write RURAL CENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
X Town Rural-Hunting Hill	TOWN Rural-Hunting Hill	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS R.F.D.# 1, Rockville	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ISABELLA TONN	(Last) 4. DATE (Month) (Day) OF DEATH Feb. 7,	(Year) 19 55
Female White Widowed, DIVORCED, 5-7-	710.	ys Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife Own Home		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Ettura Cavillini	Hedvig Russelli	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No service) None	Siguard Tonnessen-Item# 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, (b)	Othuses	INTERVAL BETWEEN ONSET AND DEATH Such Section
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \(\text{No } \(\text{No } \(\text{No } \)
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.	Co,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Mr. Mr.	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes , Accisionature	ident , Suicide , Homicide , Undetermedical examiner DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED
Cremation (2-7-55 Cedar Hill	SuitlandraMaryla	nd
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. UNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()1818

1841 CERTIFICATE OF DEATH

Reg. Dist. No. 215

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
	COUNTY Montgomery MARYLAND	District of Columbia			
Ĭ	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	give nearest town)		
,	OR and give nearest town) (in this place)	OR	a Name of the state of the stat		
	Y TOWN Bethesda rural 42 days	Town Washington	4-1X-3		
5	HOSPITAL OR	STREET (If rural give location)	1		
	5/ STREET ADDRESS U.S. Naval Hospital	ADDRESS 3008 43rd Street N.W.	./		
	Of STREET ADDRESS U.D. WAVAI HOSPILAI	Joe 132 a 2 az c c 21 a 11 a	V		
		(Last) 4. DATE (Month) (Da	y) (Year)		
	DECEASED: (Type or Print) Dorothy Baldwin TO	WNSEND OF DEATH: February	2 19 55		
	(Type of Time)	OF BIRTH: 9. AGE last birthday IF UNDER 1 YES			
	BACE. WIDOWED DIVORCED	Months Day			
)	Female White (Specify) Widowed June	7 1889 65 yrs.	A A A A A A A A A A A A A A A A A A A		
2	IOA. USUAL OCCUPATION (GIVE KING OF TOB. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT		
1	work done during most of working life, OR INDUSTRY:	C	OUNTRY?		
2	even if retired): Housewife Housewife	California U.	S.		
2	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
5		TO THE TARGET			
3	Barry Baldwin OSBORNE	Flora LARCOMB			
	15. WAS DECEASED EVER IN U.S. ARMED FORCEOT 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	43 rd St.,		
	(Yes, no, or unk.) (If Yes, give war or dates NO Inknown	Son: Barry B. TOWNSEND 3008	42 10 200,		
7	NO				
0/	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN		
24	100 - 10		ONSET AND DEATH		
	110x hadreland	Naurane Mile	a dama		
211	IMMEDIATE CAUSE (A)	O Mewanista	+ aug		
2	ANTECEDENT CAUSE (S) DUE TO	- 0			
70	DISEASES OR CONDITIONS, IF ANY, (B) Welastatic Carcinoma of lung				
A A S	GIVING RISE TO THE ABOVE CAUSE DUE TO A				
4	STATING UNDERLYING CAUSE LAST.	Carcinona of breasts	F 4.0000		
3	(c) /Jumpa	caranonia + waste	3 years		
2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
10	DISEASE OR CONDITION CAUSING DEATH.				
24	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N I	20. AUTOPSY?		
	T . 200 /2. 1. 1. 1. 1.	111	YES NO T		
2	June 150 Carcinoma left in	rease	120 110		
Clair	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)		
J.	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 1 21F. HOW DID INJURY OCCUR?			
Ď	OF INJURY M. While Not while at work	ZII. NON DID INGON GOOGN			
20	M. at work at work				
3)	22. I hereby certify that I attended the deceased from 22 Dec , 19.54, to 2 Feb, 19.55, that I last saw the deceased				
0.0					
	ahye on 2 February 19 55, and that death occurred at				
5	SIGNATURE		SIGNED		
C.S. DURDEN, JR AT MC USN U.S. Navel Hospital NNMC Bethesda Maryland					
2	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, Yown, of	county) (State)		
	REMOVAL (SPECIFY)				
	Burial 4 February 1955 Arling	ton National Cemetery Arlington	, Virginia		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS					

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OR

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3. NAME OF

5. SEX

DECEASED

(Type or Print)

work done during

even if retired):

13. FATHER'S NAM

(Yes, no, or unk.)

I DISEASES OR C

GIVING RISE TO T STATING UNDERL

IMMEDIAT

ANTECEDENT DISEASES OR CON

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(1)

of

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

MARYLAND STATE DEPARTMENT 1842	
CERTIFICATE	E OF DEATH Reg. Dist.
TH:	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND corporate limits, write KURAL LENGTH OF STAY nearest fown) 7EY 3MB, 3WB	STATE MATY ANC COUNTY MANY CITY(If outside corporate limits, write RURAL ay OR TOWN SILL SATING STREET M reval give location)
so Sharon Chronic Hosp -	ADDRESS 312 Catoline H
Edward J- TUF OLOR OR 17. SINGLE, MARRIED, 1 8. OATE	(Last) 4. DATE (Month) (D OF DEATH: Feb. 2 OF BIRTH: 9. AGE last birthday IF UNDER 1 YE
ACE: WIDOWED, DIVORCED, (Specify) O WC MAY ATTON (Give kind of most of working life. OR INDUSTRY:	3-1868 State or foreign country): 12.
eage Turgeon	Palimen Lambert.
Yes, give war or dates service)	Patient-
18. MEDICAL CERTIFICAT	ION
e cause (A)	2 + Cochesein
CAUSE (S)	do AA
DITIONS, IF ANY, HE ABOVE CAUSE YING CAUSE LAST. OUE TO	Calen + melodoris
CANT CONDITIONS CONTRIBUTING	Coloning
BUT NOT RELATED TO THE	8
ATION: 198. MAJOR FINDINGS OF OPERATION	

II OTHER SIGNIF TO THE DEATH DISEASE OR CO 19A. DATE OF OPER

OF INJURY

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K 国 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED
While Not while at work at work

218. PLACE (Home, farm, factory.

OF INJURY street, office bldg., etc.

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Nove, 1957, to 27 FEB, 1955, that I last saw the deceased and that death occurred at 11: 25 PM, from the causes and on the date stated above. alive on 25 SIGNATURE ADDRESS DATE SIGNED

M. O BURIAL, CREMATIC CREMATION. DATE THEREO NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

DATE REC'O LOCAL

(City or town)

(Day)

Days

(Year)

Min.

19

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(County)

NO X

(State)

(State)

Hours

12. CITIZEN OF WHAT

PUNTRYTH

10 - 53 A15 02

A PROBLEM SAMPLE OF THE PROPERTY OF

BUREAU V. S.

DECEDAGO

20. AUTOPSY? Yes | No |

(State)

MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH No.
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATEMaryland COUNTY Montgomery
OR and give nearest town) TOWN BOYDS - Rural CITY (If outside corporate limits, write RURAL (in this place)	TAY CITY (If outside corporate limits write RURAL and give hearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2	STREET (If rural, give location) / ADDRESS # 2
	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Feb. 24, 1955
Male White Specify: Married J	DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HE July 4, 1886 68 Months Day Hours Min
Oa. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Storekeeper Owner	SS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY?
3. FATHER'S NAME: John Utterback	14. MOTHER'S MAIDEN NAME: Lelia Steadman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (1f Yes, give war or dates of NO. 1998)	.: 17. INFORMANT & ADDRESS: Cathryn McC. Utterback-Item# 2
Inmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 18. ME (a)	COLCAL CERTIFICATION INTERVAL BETWEE ONSET AND DEAT Statistics
stating underlying cause last (c) I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	



and legibly carefully

of information f death clearly

Supply eve

UNFADING Physicians: p

WRITE PLAINLY, WITH ge is especially important.

SE

MARGIN RESERVED FOR BINDING

OF INJURY Not while at work work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [, Accident], Suicide], Homicide], Undetermined cause [CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED M. D.

21c. (City or town)

21f. HOW DID INJURY OCCUR?

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21e. INJURY OCCURRED

23. BURIAL, CREMATION, REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY St. Marys 2-26-55 DATE REC'D BY LOCAL

21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

21d. TIME (Month) (Day) (Year)

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

(Hour)

Rockvil ADDRESS

LOCATION (City, town, or county)

(County)

FEB 28 1955

. to C. Interest Line of the St. on St.

MARGIN RESERVED FOR BINDING

1844

CERTIFICATE OF DEATH

RE, 18 ()1821 Reg. Dist. No. 2/6.....

ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
legibly	COUNTY / Contigues MARYLAND	STATE That COUNTY TO	in teams
le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL a	nd give nearest town
p	OR and give-nearest town) (in this place)	OR /// 1/ M	/ / /
E C	TOWN Ch Ch. Phrogland 16 yes.	TOWN the the Mary	med X
ly.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
BI	STREET ADDRESS 5 16/ 11/ The fee	ADDRESS IN a Thin /1-	-
clearly and	of the maning on Mr.	3/00 11/100 34 1	1/2/
4	3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) ()	Day) (Year)
death	(Type or Print) FL/ZHIBETH DICKSON	VAN HOUTEN DEATH: Feb	13 19 55
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	EAR IF UNDER 24 HRS.
of	RACE: WIDOWED, DIVORCED, (Specify): Windows Feb. 2		ays Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11000	
causes	work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or Toreign country): 12.	COUNTRY?
cal	even if retired):	N, Y,	7/
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-, -,
the	11/100011 01011001	9	
write	HNUKEW DICKSON		
VI.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of aervice)	Has Margarette Lawson	1 1
8.8	18. MEDICAL GERTIFICAT	5/00 Monning	- Age
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
1	11/13 X	0 for 1 1 0	ONSE! AND DEATH
002	IMMEDIATE CAUSE (A) CORGES	leaf accept farlege	Suites
an	DUE TO /	1 1100	0 700
Physicians	ANTECEDENT CAUSE (S)	Teurene betulación	2 Usan
J.Y.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	D - D	1
Ы	STATING UNDERLYING CAUSE LAST.	len a excernade.	V
ئب	(C) Genua	gu on anoversus	10 years
เลา	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
or	DISEASE OR CONDITION CAUSING DEATH.		
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
H.			YES TO NO TO
>			1
od	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		(State)
eci	(IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	
especially	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While Not while at work at work		
. D2			
00	22. I hereby certify that I attended the deceased from Licky.	1. 1949, to 2/13., 19. 5, that I last	saw the deceased
8	alive on 2 1// 1955, and that death occurred at	2.59. M, from the causes and on the date	stated above
ct	SIGNATURE SIGNATURE		E SIGNED /
orrect	Jumes / Duries	-915-99H, touce.	2/15/55.
0.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
	REMOVAL (SPECIFY)	LOCATION (OIL), town, of	- II la
	Burial 2/13/55	Jampers No	w Jork
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR 211415 Bar - Sm 11-16	A. Shelkers & How, Th	03 Wescary

HEB 16 1955

BUREAU V. S.

ADDRESS

JY.	0)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	018
The state of	The	1740 CERTIFICATE OF DEATH Reg. Dist.	No.
1	6	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED) :
The state of	information carefully clearly and legibly	COUNTY MONGO MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) HOSPITAL OR HOSPITAL OR INSTITUTION OR STREET ADDRESS Washinstan Say + H. Sould STATE Maryland COUNTY Mont CO	
la	inf.		Day)
/	em of i	DECEASED: (Type or Print) Vialiatti DEATH: Teb. (6
NG DA	every ite	John USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	Pays Ho
BINDING	Supply te the c	13. FATHER'S NAME:	12 0
Z	Sup e tl	George Anthony Vialisti Phulis Adelaide	1/1
FOR B	INK. Suse write	(Yes, no, or unk.) (If Yes, give war or dates of service) (15. WAS DECERSED EVER NO. 17. INFORMANT & ADDRESS:	
	75 es	18. MEDICAL CERTIFICATION	INTERV
RESERVED	FADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 560. H IMMEDIATE CAUSE (A) Jurge viceral liernisters about -	Cuy
RE	UNFA	ANTECEDENT CAUSE (S)	
	ITH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	
MARGIN	PLAINLY, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	INI odu	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20.
	-4		YES Z
X		21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?	y)
	R WRITE is especia	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	E. i.	22. I hereby certify that I attended the deceased from 2:/6, 1953 to 2:/6, 1853 that I last	saw th
10 - 53	k g	alive on 2 /C , 1955 and that death occurred at	
.15 — 1	COLLE	23 SURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, Toyn) of REMOVAL (SPECIFY) 2-25-55 Mashington San York. Jakour arm	(ounty)
S. A	PLE	DATE REC'D BY LOCAL RECHERGES SIGNATURE 24. FUNERAL DIRECTOR	ADDR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

91 834

BECENTED

SIGNATURE

Reg. Dist. No. 2/7 OF DECEASED Ary 9 MEDUNTY CITY(If outside corporate limits, write RURAL and give nearest town) amaseus. (If rural give location) 4. DATE (Month) (Day) (Year) 19 5 5 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS Months . (State or foreign country): [12. CITIZEN OF WHAT COUNTRY? ONSET AND DEAT 20. AUTOPSY? YES NO K (County) (State)

0

DATE SIGNED

61 in L. Molesworth, Damascus, Md.

DATE REC'D BY LOCAL

REGISTRAR A

THE TOTAL OF THE PARTY OF

FEB 16 1955

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE

Supply every item of information carefully. The

Reg. Dist. No. 223 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

5			
4	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
20	COUNTY MONTGOMERY MARYLAND	STATE COUNTY	
2	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	nd give nearest town)	
3	OR and give nearest Wan) (in this place)		
t t	1) TOWN Ta Koma Fark Med 25 kg.	TOWN Washington 2	.C .47x-3
2	HOSPITAL OR	STREET (rural give location)	1
4	75 STREET ADDRESS Wash. San + Hospital	ADDRESS	A V
ž l	13 STREET ADDRESS Wash. Jan + Hospiral	3600 Connecticut	HUE N.W.
2	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (1	Day) (Year)
3	DECEASED: (Type or Print) Carrie Cleun	OF 9	12
2		OF BIRTH: 9 AGE last birthday is under	1955
	RACE: WIDOWED DIVORCED.	of the Land of the Cart	
5	(Specify):	4 96 58 yrs. Months D	ays Hours Min.
מ	10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
n n	work done during most of working life. OR INDUSTRY:		COUNTRY?
3	even if retired): asst Book Keeper	Virginia	4.5. 2
y l	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
3	11 1 1.	E10- half 0 1	
y	Momes F. Audson	61, zabeth Qun 1.	dier
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
11	(Yes, no, or unk.) (If Yes, give war or dates of service)	9 4 11 18 11	1
27	Hone —	DISTER + Wash Dan + Ho	sp records
20	18. MEDICAL CERTIFICAT	TION	TERVAL BETWEEN
5,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	157X ('NO C	4-1-01	untines
2	IMMEDIATE CAUSE (A)	MH JEMERALIZED	- my news
2	ANTECEDENT CAUSE (S)	^	
2		Carro on a will for	5.4
5	GIVING RISE TO THE ABOVE CAUSE DUE TO	concentrated fichistas	14
	STATING UNDERLYING CAUSE LAST. DUE TO	- D 1	
	(c) Suppural	time tillamethriti due to	1
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	" Tan ta far to the far	
3	TO THE DEATH BUT NOT RELATED TO THE	suprant streetine of the ster	,
200	DISEASE OR CONDITION CAUSING DEATH.	suggest stricture of le ther	
m por c		support stricture of Willer willer	20. AUTOPSY?
nu por c	DISEASE OR CONDITION CAUSING DEATH.	That of Pancers	
ly import	DISEASE OR CONDITION CAUSING DEATH. 194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 1954 UNDER OF OPERATION	kad of Jancreas	YES NO
lany importa	DISEASE OR CONDITION CAUSING DEATH. 194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 195 MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 1 218. PLACE (Home, farm, fac	tory. 216. WHERE DID (City or town) (Count	YES NO
eciany importe	DISEASE OR CONDITION CAUSING DEATH. 194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 1954 UNDER OF OPERATION	tory. 216. WHERE DID (City or town) (Count	YES NO
specially imported	DISEASE OR CONDITION CAUSING DEATH. 19a DATE OF OPERATION: 19B. MAJOR FINDINGS OPERATION	tory. 216. WHERE DID (City or town) (County, etc. INJURY OCCUR?	YES NO
especially imported	DISEASE OR CONDITION CAUSING DEATH. 194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while Not while Not while	tory. 216. WHERE DID (City or town) (County, etc. INJURY OCCUR?	YES NO
is especially import	DISEASE OR CONDITION CAUSING DEATH. 19a DATE OF OPERATION: 19B. MAJOR FINDINGS OPERATION: 19B.	tory. 216. WHERE DID (City or town) (County, etc. INJURY OCCUR?	YES NO
e is especially imports	DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at wor	tory. 21c. WHERE DID (City or town) (County of the County	y (State)
age is especially import	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fac OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While at work	ctory. 216. WHERE DID (City or town) (County of the property o	y) (State)
t age is especially imports	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while at work at work 22. I hereby certify that I attended the deceased from alive on Feb. 1957, and that death occurred at	ctory. 216. WHERE DID (City or town) (County of the property o	y) (State)
ect age is especially imported	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, fac OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While at work	ctory. 216. WHERE DID (City or town) (County of the property o	yes No (State) y) (State) saw the deceased stated above.
rrect age is especially import	DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 19B. MAJOR FINDINGS OPERATION: 19B. MAJOR FINDINGS OPERATION: 19B. MAJOR FINDINGS OPE	ctory. 216. WHERE DID (City or town) (County of the property o	y) (State)
correct age is especially imported	DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work at work at work at work alive on Feb. 1957, and that death occurred at SIGNATURE A DATE THEREOF NAME OF CEMET	tory. 216. WHERE DID (City or town) (County etc. MJURY OCCUR? 21F. HOW DID INJURY OCCUR? 7, 19 ST, to Fel. 2, 19 SS, that I last ADDRESS AS AN ADDRESS	yes No (State) saw the deceased stated above. TE SIGNED 21/253
correct age is especially imported	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factor of Indiana) 19B. MAJOR FINDINGS OF OPERATION: 19B.	countries 216. WHERE DID (City or town) (Countries) 216. WHERE DID (City or town) (Countries) 216. HOW DID INJURY OCCUR? 30 M M, from the causes and on the date ADDRESS DAT	yes No (State) saw the deceased stated above. TE SIGNED 21/253

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PUREAU V. S.

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Reg. Dist. No. 223 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Montgomery COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) and TOWN HOSPITAL OR (If ruell give location) clearly INSTITUTION OR STREET ADDRESS Lorain Que. 3. NAME OF 4. DATE (Month) (Day) (Year) death DECEASED OF (Type or Print) DEATH: COLOR OR | 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. RACE: of Months Da Hours ! (Specify) married 26 causes OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): Michigan

14. MOTHER'S MAIDEN NAME: Own home U.S.a the 13. FATHER'S NAME ean 17. INFORMANT ADDRESS 3 (Yes, no, or unk.) (If Yes, give war or dates Record ease of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH d sicians: IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S DISEASES OR CONDITIONS, IF ANY, (B) Phv GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21a. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCURT (IF EITHER, NOTIFY MEDICAL EXAMINER) esp 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCURT Whlle Not while OF INJURY at work L at work 3 / , 1953, to 2/13., 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from ल , 1955, and that death occurred at 420. M, from the causes and on the date stated above. alive on ... correct SIGNATURE DATE SIGNED LOCANON (City, town, or county) DATE THEREOF 23. BURIAL, CREMATION NAME OF CEMETERY OR (SPECIFY) Prince George County, Md. 2/16/55 Ft. Lincoln Cemetery Entombment REGISTRARS SIGNATURE DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR 8434 Georgia A Silver Spring, Md.

SECTION OF THE PROPERTY OF THE

EEB S3 1822

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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R	eg.	D	ist	

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 2 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	STATE New York county
CITY (If outside corporate limits, write RURAL OR and sive nearest town) TOWN Silver Spring LENGTH OF STAY (in this place) 5 weeks	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lyons
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3102 Wellar Road	STREET (If rural, give location) ADDRESS 49 Spencer Street
8. NAME OF (First) (Middle) DECEASED: (Type or Print) (William J. W	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Feb. 25 1955
Male White Specify: Widowed Sep	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired): Canal Structure Operator	Lyons, New York U.S.A.
I3. FATHER'S NAME: Charles Wickman	Mary Wilkes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of no service) 16. Social Security No.: 17. No.: 18. No.: 19. No.: 19. No.: 10.	Mr. Wm. G. Wickman, 3102 Wellar Road Silver Spring, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Acclusion Interval Between Onset and Death Suchling
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\sum \) No \(\sum \)
21a. EXTERNAL CAUSE WAS PRIMARY	Co,
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes , Accisionature	ibed above, held an Autopsy , Inspection , Inquiry , an ident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. CRY OR CREMATORY LOCATION (City, town, or county) (State) Lyons, New York
Trans. & Burial 2/25/55 Rural Cemeter DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/25/55	24. FUNERAL DIRECTOR 8434 Georgia Reve. Warney 6. Tumphry Silver Spring. Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BECEINED

BUREAU V. S.

SSSI I BWW



FUNERAL DIRECTOR

ADDRESS

DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S



VS. A15-10-53

ne	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	01830
E	tems 8,9, FilmG179 3-18-55 CERTIFICATE OF DEATH Reg. Dist	No. 218
ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASES	77.
careful legibly	COUNTY Was tarmery MARYLAND ! STATE Manyland COUNTY Wini	gome.
d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neares town) (in this place) OR	na give nearest town)
tion	TOWN Lung The Town Gury Trove	- X
information carefully clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Jouthusburg R.7.D. STREET ADDRESS Jouthusburg R.7.D.	27.D.1
of ath	3. NAME OF (First) (Modele) (Last) (Wims) 4. DATE (Morks) OF (Type or Print) Cliffe Male (Last) (Wims)	(Year) 1955
ite	Jemale Crosed 7. SINGLE. MARRIED. 9. DATE OF BIRTH: 1877 9. AGE iast birthday IF UNDER 18 Months D. Months	
every	IOA. USUAL OCCUPATION (Give kind of working life, even it retired). IOA. USUAL OCCUPATION (Give kind of tops) 10B. KIND OF BUSINESS OR INDUSTRY: OR INDUSTRY: UANA OCCUPATION (Give kind of tops) 10B. KIND OF BUSINESS OR INDUSTRY: OR INDUSTRY:	COUNTRY?
pply	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	Old III
Supply ite the c	Itarry Doye nit Kandolph	
. 14	(Yes, no, or unk.) (If Yes, give war or dates	02011
G INK	of service) to Saithershiry med	パイルの中
UNFADING sicians: plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
IQ.	420.1 Coronary throughout	7 21155
UNFA1	IMMEDIATE CAUSE (A) DUE TO	tet 112
UN	DISEASES OR CONDITIONS, IF ANY. (B)	7
WITH it. Phys	STATING UNDERLYING CAUSE LAST. DUE TO	7
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	en ;
PLAINLY lly import	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
im i	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3		YES NO
TE ecia]	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory of the DID (City of town) (Count of Countributing Cause of Beath of Injury street office bidg., etc. Injury occur?	y) (State)
R WRI	OF INJURY M. at work at work 21F. HOW DID INJURY OCCUR?	
OR ge i	22. I hereby certify that I attended the deceased from Nov., 197 to to 13 197, that I last	saw the deceased
TYPE rect ag	alive on John 1955, and that death occurred at 7:30/M, from the causes and on the date spent Tube	stated above.
	Webde Sewell M.D. Rt, silva Fry has	2.10.70
EASE	BORIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or During) 2/16/55 Wery Hell Clarksburg	county) State)
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S LOCAL DESCRIPTION OF THE REGISTRAR'S LOCAL DESCRIPTION OF THE REGISTRAR'S SIGNATURE REGISTRAR'S SIGN	ADDRESS A





A 0	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIN
The	1851 CERTIFICATE	E OF DEATH
carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)
efu	Mant same was	state Maryland co
leg leg	COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits,
and hon	OR and give nearest town) TOWN Bethesda (in this place)	or Town Bethesda
m of information careful	HOSPITAL OR INSTITUTION OR STREET ADDRESS 4314 Kentbury Drive	ADDRESS 314 Kentbu
in	The state of the s	(Last) 4. DATE
of	(Type or Print) TEMPIE ELIZABETH ZACK	ARIAS OF DEATH
IG every item of auses of death	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED. DIVORCED. May 3	OF BIRTH: 9. AGE last birth
es	IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign
NG r every causes	work done during most of working life, even if retired in the working life, even if retired in the working life, Own Home	Maryland
I'V	HOUSewife Own Home	14. MOTHER'S MAIDEN NAME:
BINDING Supply evite the cau	John E. Wilcoxin	Martha E. Mealv
R BII K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS;
FOR INK.	(Yes. no. or unk.) (If Yes. give war or dates	
FC IN	No of service) None	Mrs Horace Opel-I
ED FC NG IN	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION
A IC	4 4.3 X	
ER 'Al	IMMEDIATE CAUSE (A) Justille	such plant disease
RESER UNFAI	ANTECEDENT CAUSE (S)	D 1 0-1
	DISEASES OR CONDITIONS, IF ANY. (B) Selection	l hyperthosin
ARGIN WITH	GIVING RISE TO THE ABOVE CAUSE DUE TO	4 0
	(c) Culhu	les
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
3 5	DISEASE OR CONDITION CAUSING DEATH.	
MAR PLAINLY, W	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	1
VRITE PL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg)	ory, etc. 21c. WHERE DID (City or to
F	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUP
	22. I hereby certify that I attended the deceased from 24	195# to 2/2 195
0.4		1
TO OT	alive on	M, from the causes and
	a a all a Kail	.D. 6 450 Wisconom aue
SE		ERY OR CREMATORY LOCATION
A15	Burial (SPECIFY) 2-5-55 Mt. Olivet	Freder
S. A15 — PLEASE cor	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL SIRECTOR
70	DEGICEDAD	

MORE,	18	01	8	31	
Reg.	Dist	. No		2	16

N	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
gib	COUNTY MONTGOMERY MARYLAND	state Maryland county Montgomery		
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to	wn)	
death clearly and legibly	OR and give nearest town) (in this place) TOWN Bethesda	or Town Bethesda	X	
ly	HOSPITAL OR	STREET (If rural give location)	1	
lear	M STREET ADDRESS 4314 Kentbury Drive	ADDRESS 314 Kentbury Drive		
h c		(Last) 4. DATE (Month) (Day) (Year)		
at	(Type or Print) IDTIFIE ELIZABEIN ZAUNA	ARLAS DEATH: FeD. 2, 19 5	5	
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday If under 1 YEAR IF UNDER 24 H	-	
of	Female White (Swittlowed May 3	,1867 87 yrs. Menths Days Hours M	in.	
please write the causes	work done during most of working life, even if retired even if Police if Pol	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE COUNTRY?	TAF	
e (13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-	
な	John E. Wilcoxin	Martha E. Mealy		
rite	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
se w	(Yes, no, or unk.) (If Yes, give war or dates None	Mrs Horace Opel-Item# 2		
important. Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	onset and de single 1995 1 hypertension 5 yrs. 15 yrs. 20. AUTOPS	Y7	
		YES NO	9	
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg, etc. INJURY OCCUR? (County) (State)			
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
correct age i	22. I hereby certify that I attended the deceased from 7. 26, 1957, to 2.2, 1955, that I last saw the deceased alive on			
	REGISTRAR 2 3 55 7	Y Frederick Md.		

6450 Wix Rol.

BUREAU V. S.

EEB & 1822

BECEINED

VS. A15A - 5 - 53

MEDICAL EXAMINER S CER	TIPICATE OF DEATH	No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY MIGHT MARYLAND	STATE Med - COUNTY MORNING	19		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN BALLAS	give nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gretna St.	STREET ADDRESS Phural Tiff rural, give location)			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Louis John Zeigle	(Last) 4. DATE (Month) (Day OF DEATH Feb 35			
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify: Married	E OF BIRTH: 9. AGE last birthday: FUNDER 1 X - 15 - 1908			
work done during most of work life, even if retired):	0 11 1	CITIZEN OF WHAT		
13. FATHER'S NAME: Phillipp Zeiger	14. MOTHER'S MAIDEN NAME: Bockers	70m		
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	es-pul-		
18. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN		
420.1 Committee Dr	chiser	ONSET AND DEATH		
Immediate cause (a) DUE TO		No th		
Antecedent cause(s)				
Diseases or conditions, if any, giving rise to the above cause DUE TO				
stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No		
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.		(State)		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile iNJURY M. M. Work □	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and				
find that death resulted from: Natural causes , Accident , Suicide , Homieide , Undetermined cause SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER				
M. D. ASSISTANT MEDICAL EXAM. 2.25-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LQCATION (City/town, or county) (State)				
REMOVAL (Specify): 2-28-65 (Farhlan	en Prochoille 7	nel		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR	ADDRESS		

